

**Department of Public Health and Social Services**  
**Division of Environmental Health**  
**Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6 / 30 / 17		198 DUMBUM	
Follow-up	<input checked="" type="checkbox"/>			TIME IN	TIME OUT	PERMIT HOLDER	
Complaint			RATING	1:30 PM	2:45 PM	CHANCE GUAM, INC	
Investigation			A	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				170000617		MICRONESIA MALL FOODCOURT DEDEDO	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
STALL STAND				1	633-0148	0	3
				No. of Repeat Risk Factor/Intervention Violations			
				0			

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
<b>Employee Health</b>						
2	IN	OUT	Management awareness; policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	IN	OUT	Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	IN	OUT	No discharge from eyes, nose, and mouth			6
<b>Preventing Contamination by Hands</b>						
6	IN	OUT	Hands clean and properly washed			6
7	IN	OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	IN	OUT	Adequate handwashing facilities supplied & accessible			6
<b>Approved Source</b>						
9	IN	OUT	Food obtained from approved source			6
10	IN	OUT	Food received at proper temperature			6
11	IN	OUT	Food in good condition, safe, and unadulterated			6
12	IN	OUT	Required records available: shellstock tags, parasite destruction			6
<b>Protection from Contamination</b>						
13	IN	OUT	Food separated and protected			6
14	IN	OUT	Food contact surfaces: cleaned & sanitized			6
15	IN	OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6
<b>Potentially Hazardous Food (TCS Food)</b>						
16	IN	OUT	Proper cooking time and temperatures			6
17	IN	OUT	Proper reheating procedures for hot holding			6
18	IN	OUT	Proper cooling time and temperatures			6
19	IN	OUT	Proper hot holding temperatures			6
20	IN	OUT	Proper cold holding temperatures			6
21	IN	OUT	Proper date marking and disposition			6
<b>Consumer Advisory</b>						
22	IN	OUT	Consumer Advisory provided for raw or undercooked foods			6
<b>Highly Susceptible Populations</b>						
23	IN	OUT	Pasteurized foods used; prohibited foods not offered			6
<b>Chemical</b>						
24	IN	OUT	Food additives: approved and properly used			6
25	IN	OUT	Toxic substances properly identified, stored, used			6
<b>Conformance with Approved Procedures</b>						
26	IN	OUT	Compliance with variance, specialized process, and HACCP plan			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
<b>Food Identification</b>						
34			Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
<b>Proper Use of Utensils</b>						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
<b>Utensils, Equipment and Vending</b>						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	X		Warewashing facilities: installed, maintained, used; test strips	X		1
46			Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1
<b>Documents and Placards</b>						
54			Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)	Date:
<i>Evelyn Maribon</i>	6/30/17
DEH Inspector (Print and Sign)	Follow-up (Circle one): YES NO N/A
KATHERINE DEL MUNDO for LELANI NAUADO	N/A

*JEROME GARCIA*

Department of Public Health and Social Services  
Division of Environmental Health

Food Establishment Inspection Report

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ESTABLISHMENT NAME 198 DIMSUM		LOCATION (Address) MICRONESIA MALL FOOD COURT, PEDEDO
INSPECTION DATE 06/30/2017	SANITARY PERMIT NO. 170000617	PERMIT HOLDER CHANCE GUAM, INC.

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
ALL PHF/TCS PLACED IN FREEZER			

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A FOLLOW-UP INSPECTION WAS CONDUCTED. PREVIOUS VIOLATIONS THAT WERE CITED ON 6/23/17 WERE CORRECTED. ITEMS # 1, 2, 6, 8, 13, 14, 19, 20, 33, 34, 35, 38, 40, 41, 44, 45, 47, 52 & 53.	
	DEH RECOMMENDED TO CONTINUE TO WORK WITH PEST CONTROL COMPANY TO CONTROL PRESENCE OF COCKROACHES FROM OCCURRING AGAIN. PIC HAS BEEN INFORMED OF THE IMPORTANCE OF INTEGRATED PEST MANAGEMENT SUCH AS KEEPING THE FACILITY CLEAN & FREE FROM FOOD & WATER THAT MAY PROVIDE HARBOURAGE FOR ROACHES.	
	REMOVED "NOTICE OF CLOSURE" PLACARD & ISSUED AN 'A' PLACARD # 02496.	
	A \$100 REINSTATEMENT FEE SHALL BE PAID TO THE DEPT. OF PUBLIC & SOCIAL SERVICES PRIOR TO THE REINSTATEMENT OF SANITARY PERMIT.	
	BRIEFED PIC EVELYNN MANULLU ON THE ABOVE INFORMATION	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person In Charge (Print and Sign) Evelyn Manullu Evelyn M.	Date: 06/30/2017
DEH Inspector (Print and Sign) K. DEL MUNDO / L. NAVARRO / J. GARCIA	Date: 06/30/2017

## RE-INSPECTION REQUEST

TO: Division of Environmental Health, DPHSS (FAX # 734-5556)

FROM:

198 Dimsiam

ESTABLISHMENT NAME

Chen Guam INC.

OWNER/MANAGER

SUBJECT: Request for Re-Inspection

Our establishment was inspected on June 23, 17 by Public Health Inspector(s)

K/ducnas / 1 CRUZ

resulting a letter grade of

D

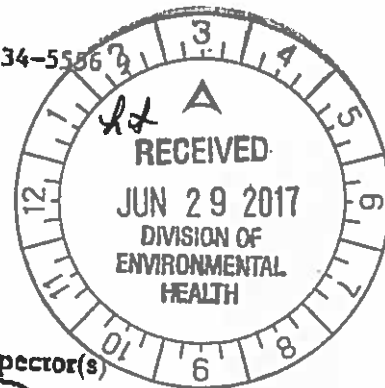
I have performed the following to correct the violations:

Item No.	Action(s) Taken to Correct the Violation(s)
----------	---

#1	Paid for Serve Safe Manage Certification
#2	all Employee Signed and Policy implemented
#6	all Employee are Briefed for Hand Washing
#8	Hand Wash Sink placed.
#13	all Food Now Covered; Employee Trained
	all Food Separated & Containers implemented
#14	Purchased new chopping Boards
#19	Purchased new thermometers to check temp
#20	Cooler lower to 140 F. to meet temp.
#33	New thermometer Purchased & placed on
	Cooker for Monitoring.
#34	all Food Properly Labeled & system implemented
#35	Fogging and New chemical Done by Pest tech

I/We are requesting a re-inspection of the establishment on June 29, 17 or at your earliest convenience. You if have any questions please call me at 682-5387. Thank you.

SIGNATURE



## RE-INSPECTION REQUEST

TO: Division of Environmental Health, DPHSS (FAX # 734-5556)

FROM:

198 Dina Sum  
ESTABLISHMENT NAMEChen Guan Inc.  
OWNER/MANAGER

SUBJECT: Request for Re-Inspection

Our establishment was inspected on June 23, 17 by Public Health Inspector(s)K/Drenas / J. CP42 resulting a letter grade of D

I have performed the following to correct the violations:

Item No.	Action(s) Taken to Correct the Violation(s)
# 38	Wiping cloth Been Soaked in chlorine & cleaning solution
# 40	utensils properly stored in Hot water
# 41	all utensil Separated & stored
# 44	all Cooler Gasket are checked
	Food & Non food Containers Separated & Fixed
# 45	Hot water properly running as Needed
# 47	Hot water heater prepared & working
# 52	Floor drain covered, purchased & placed
# 53	Food display area, light repaired, installed for safety
<del># 54</del>	

I/We are requesting a re-inspection of the establishment on June 29, 17 or at your earliest convenience. You if have any questions please call me at 687-5387. Thank you.

  
SIGNATURE


**SERVICE RECEIPT**

27288

CUSTOMER NAME: Dine Sum

CONT.#

DATE: 06/26/17SERVICE: Clean-out.

Residual treatment to baselines, cracks, & crevices prior to actisol.

- Actisol to cracks & crevices.

- No activities found to the area.

+ Moderate G roach activity found to hallway.

\* Materials used Fastcap @ 1oz - 1 gal. H<sub>2</sub>O solution & Pyrocide @ 64 oz.

X [Signature] Law/lee

Customer Acknowledgement (Print / Signature)

Technician(s)

TIME IN: 8:25PMTIME OUT: 1:05AM

WHITE COPY: OFFICE

YELLOW COPY: CUSTOMER

PINK COPY: FILE

**SERVICE RECEIPT**

27430

CUSTOMER NAME: 198 Dine Sum

CONT.#

DATE: 6/28/17SERVICE: Clean Out.

- Residual treatment to baselines, cracks & crevices prior to actisol treatment.

- Actisol treatment to cracks & crevices.

- No activity at this time

\* Materials used: Talstar P @ 1oz - 1 gal. H<sub>2</sub>O solution & Pyrocide @ 64 oz.

X [Signature] Law/lee

Customer Acknowledgement (Print / Signature)

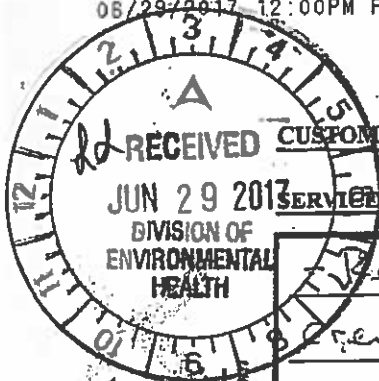
Technician(s)

TIME IN: 8:30PMTIME OUT: 3:00AM

WHITE COPY: OFFICE

YELLOW COPY: CUSTOMER

PINK COPY: FILE



**PSIE**  
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P.O. Box 7627, Tamuning, Guam 96931  
Ph.: 671-472-1313 Fax: 671-472-1316  
Email: guampestex@hotmail.com

## CUSTOMER INFORMATION

Proposal # **P2017-0072**Name: 198 Dim Sum

Tenant: \_\_\_\_\_

Date: 06/27/17

Mailing Address: \_\_\_\_\_

Physical Address: (MICRONESIAMALL)  
1086 W. Marine Corps Dr.Zip Code: Dededo, GUZip Code: 96929

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Home Ph. \_\_\_\_\_

Cell: \_\_\_\_\_

## GENERAL TERMITE &amp; PEST CONTROL SERVICES. Target Pest

Frequency of Service One time ANT and ROACH service which includes (2) follow up services.

☒ Roaches ☒ Ants ☐ Red Bugs ☐ Rodents (rats) ☐ Mice (mouse) ☐ Fleas ☐ Ticks ☐ Flies  
☐ Gnats ☐ Other \_\_\_\_\_ ☐ Warranty \_\_\_\_\_ Price \$ 75.00

## SUBTERRANEAN TERMITE CONTROL SERVICES:

Pre-Construction Soil treatment \_\_\_\_\_ Floor Slab \_\_\_\_\_ Footings \_\_\_\_\_ Perimeter \_\_\_\_\_ Warranty \_\_\_\_\_ Price \$ \_\_\_\_\_

Sub Slab Post Subterranean termite treatment, Warranty \_\_\_\_\_ Price \$ \_\_\_\_\_

Slab \_\_\_\_\_ Post &amp; Pier \_\_\_\_\_ Side Walk \_\_\_\_\_

Localize live subterranean termites \_\_\_\_\_ Price \$ \_\_\_\_\_

## FUMIGATION SERVICE (Termites and Wood destroying insects)

## Tarpulin/Structural Fumigation

☐ Drywood Termites Warranty \_\_\_\_\_ ☐ Powder Post Beetles ☐ Rhino Beetles☐ Wood Bores ☐ Other \_\_\_\_\_ Price \$ \_\_\_\_\_

## Commodity Fumigation

☐ Cabbage ☐ Carrots ☐ Leafy Vegetables ☐ Celery ☐ Bananas ☐ Taro ☐ Sweet Potato ☐ Ecote Nut☐ Cut Flowers ☐ Other \_\_\_\_\_Type of Container ☐ Refer ☐ Dry ☐ Fumigation Chamber ☐ Tarpulin Price \$ \_\_\_\_\_

## WOOD DESTROYING INSECTS INSPECTION REPORT:

☐ Residential ☐ Commercial ☐ VHA ☐ FMHA ☐ Regular ☐ Other \_\_\_\_\_ Price \$ \_\_\_\_\_

THE ABOVE SERVICES INCLUDE ALL LABOR AND MATERIALS TO PERFORM SERVICES:

Price \$ 75.00 GRT Tax \$ INCLUDED TOTAL PRICE \$ 75.00Acceptance of Proposal: [Signature]Date: 6/27/17Pestex Guam Manager: [Signature]Date: 6/27/17

Comments: \_\_\_\_\_



# GCC BOOKSTORE MEMO VOUCHER

## 2017 Food Service Managers' Certification

### For Books & Exam Answer Sheets

FSMC Banner #: B00168839

June 23, 2017

Hafa Adai Mr. Daniel Okada,

This is to certify that Evelyn P. Manlulu from 198 Dimsum is scheduled to attend the Food Service Managers' Certification class August 16, 17 & 18, 2017 and will need the following:

ServSafe® 6<sup>th</sup> Edition Course Book (includes answer sheet) w/2013 updated FDA Food Code

\* Quantity 1 x \$142.00\*\* = \$142.00 \*

ServSafe® Exam Answer Sheet

Quantity \_\_\_\_\_ x \$72.00\*\* = \$.00

**NOTE: Form of Payment is either cash or credit card (American Express is not accepted).**

**\*All purchased items are Non-Refundable.**

**\*\*Prices are subject to change without notice.**

Si Yu'us Ma'ase,

Joanne M. I. Blas, MCP

Administrative Aide

Tourism & Hospitality

Guam Community College

735.5629 / joanne.blas1@guamcc.edu